

Nebraska Health & Human Services System  
Regulation and Licensure  
Public Health Assurance Division

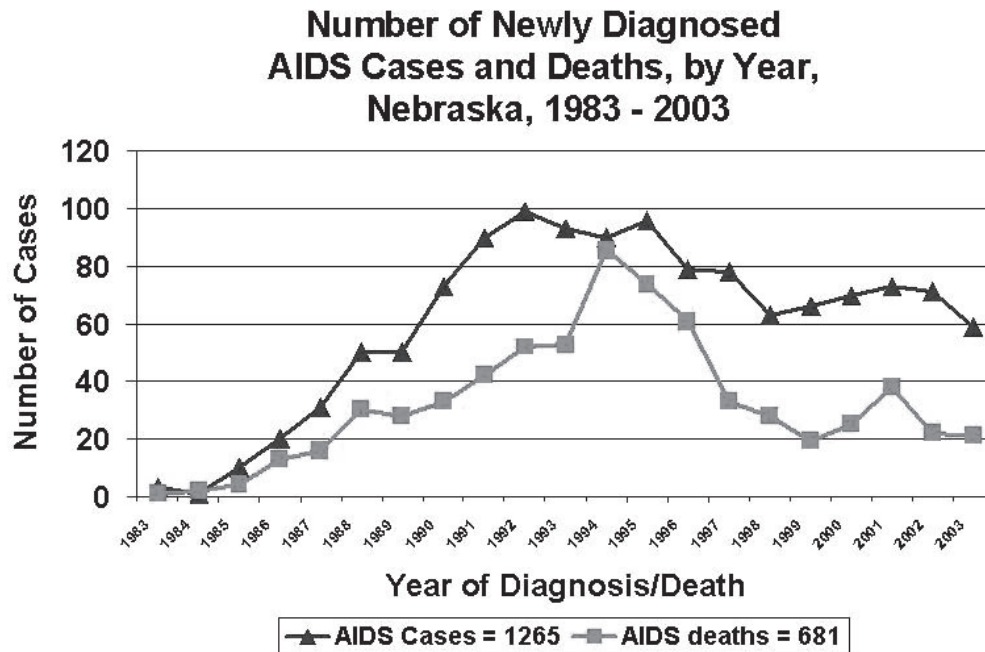
# HIV/AIDS Surveillance Report

## END OF YEAR REPORT

Volume 10

Contains data from reports received through December 31, 2004

Number 1



The figure above compares the number of Nebraska's newly diagnosed AIDS cases to the number of deaths among persons with AIDS during the 1983-2003 period. The number of new AIDS cases is given by the year they were diagnosed. The number of deaths is given by the year of death.

**AIDS Cases:** A total of 1,265 AIDS cases have been diagnosed among Nebraska residents from 1983 through 2003. The number of new AIDS cases has shown almost no variation during the last 6 years, after a rapid decrease from 1995 to 1998. Overall, AIDS cases increased from 1983 to 1992, when 99 cases were reported. The number of cases then remained stable through 1995, to then decline to 63 cases in 1998. From 1998, the number of AIDS cases increased to 73 in 2001 and then declined to 59 in 2003. The data for 2003 may not be complete due to delays in reporting.

**AIDS Deaths:** The number of deaths steadily increased from 1983 to 1994, when 86 deaths occurred. This increase was followed by a steep decrease from 86 in 1994 to 19 in 1999. Nineteen is the lowest number of deaths from AIDS reported in Nebraska since 1987. The number of deaths then increased again slightly, to 25 cases in 2000 and 38 in 2001, before declining again to 21 deaths in 2003.

CDC attributes the decrease in the number of AIDS cases and deaths since 1996 to the introduction of highly active antiretroviral therapy (HAART), which slows the progression of HIV infection to AIDS. In addition, improved methods have been introduced for preventing the occurrence of opportunistic infections (such as pneumocystis carinii pneumonia) and for better monitoring of HIV progression (such as by the determination of the individual's HIV viral load).

CDC states new AIDS cases increasingly represent persons who have failed HAART. These treatment failures occur for a variety of reasons, according to AIDSinfo, a website of the U.S. Department of Health and Human Services. They list such problems as not taking the medicines on a prescribed schedule; adverse side effects to the medications; and the development of HIV viral strains that are resistant to the currently available antiretroviral drugs. Other reasons cited by CDC for the occurrence of new AIDS cases is the limited access to or use of HIV testing, thus delaying the identification of HIV infected persons. In addition, limited access to HAART, medical care, and social services, by HIV infected persons, may be another important contributing factor.

## HIV Disease Cases (not AIDS)<sup>b</sup>

| DEMOGRAPHIC CATEGORIES  |                                 | YEAR <sup>a</sup> REPORTED |      |      |      |      | TOTAL  |     |
|-------------------------|---------------------------------|----------------------------|------|------|------|------|--------|-----|
|                         |                                 | Pre-2001                   | 2001 | 2002 | 2003 | 2004 | Number | %   |
| SEX                     | Male                            | 293                        | 56   | 34   | 35   | 35   | 453    | 76  |
|                         | Female                          | 90                         | 19   | 12   | 11   | 13   | 145    | 24  |
| AGE                     | under 5 yrs.                    | *                          | *    | *    | *    | *    | 5      | 1   |
|                         | 5 to 12 yrs.                    | *                          | *    | *    | *    | *    | 4      | 1   |
|                         | 13 to 19 yrs.                   | 12                         | *    | *    | 4    | *    | 23     | 4   |
|                         | 20 to 29 yrs.                   | 129                        | 29   | 15   | 17   | 15   | 205    | 34  |
|                         | 30 to 39 yrs.                   | 160                        | 26   | 18   | 12   | 18   | 234    | 39  |
|                         | 40 to 49 yrs.                   | 59                         | 12   | 9    | 9    | 7    | 96     | 16  |
|                         | 50 yrs. and older               | 17                         | 5    | *    | *    | *    | 31     | 5   |
| RACE                    | White                           | 246                        | 45   | 23   | 19   | 26   | 359    | 60  |
|                         | Black                           | 90                         | 17   | 12   | 15   | 17   | 151    | 25  |
|                         | Hispanic                        | 33                         | 11   | 10   | 8    | *    | 65     | 11  |
|                         | Asian                           | *                          | *    | *    | *    | *    | 5      | 1   |
|                         | Native American                 | 12                         | *    | *    | *    | *    | 17     | 3   |
|                         | Other/Unknown                   | *                          | *    | *    | *    | *    | 0      | 0   |
| RISK                    | Men who have sex with men (MSM) | 171                        | 31   | 20   | 17   | 19   | 258    | 43  |
|                         | Injecting drug use (IDU)        | 40                         | 7    | 5    | *    | *    | 55     | 9   |
|                         | MSM/IDU                         | 27                         | *    | 4    | *    | 4    | 38     | 6   |
|                         | Adult treatment for hemophilia  | 4                          | *    | *    | *    | *    | 4      | 1   |
|                         | Transfusion                     | *                          | *    | *    | *    | *    | 7      | 1   |
|                         | Heterosexual Contact            | 72                         | 14   | 5    | 4    | 8    | 103    | 17  |
|                         | Pediatric                       | 6                          | *    | *    | *    | *    | 9      | 1   |
|                         | Risk Not Identified             | 60                         | 20   | 12   | 19   | 13   | 124    | 21  |
| TOTAL HIV CASES BY YEAR |                                 | 383                        | 75   | 46   | 46   | 48   | 598    | 100 |

\*Total number of reported HIV or AIDS cases are three or less. Number of cases less than 4 are not entered to protect the privacy of individuals with HIV disease.

<sup>a</sup>Cases reported during any given year may have been diagnosed in previous years, therefore these data are not suitable for trend analysis.

<sup>b</sup>The total for each demographic category equals the total shown at the bottom of each column.

<sup>c</sup>The effective date for HIV reporting in Nebraska was July 10, 1995; implementation of active HIV surveillance was September, 1995.

### Technical Notes:

This table represents unduplicated counts of persons reported with HIV infection (not yet AIDS) from hospitals, physicians and laboratories. It may not include all persons living in Nebraska who have HIV infection. CDC estimates that 25% of all persons with HIV infection have not sought testing and are unaware of their status.

These numbers do not include those persons who have chosen to be tested anonymously at State-funded counseling and testing sites.

Some HIV cases diagnosed prior to 1995 are included in this table. They represent persons who sought testing and/or treatment in Nebraska prior to the implementation of HIV reporting in 1995. These numbers may not represent all such persons, since retroactive reporting is voluntary on the part of hospitals, physicians and laboratories.

If the initial report by a physician indicated that the patient at that time had AIDS, that person is included in the AIDS Morbidity table on the next page.

When a person is initially reported with HIV infection, then later diagnosed with AIDS, that person is deleted from this table and added to the AIDS table on the next page.

### In the Risk Categories

Heterosexual Contact includes heterosexual persons who know that one or more of their sex partners:

- used injection drugs,
- is a man who had sex with men,
- is a person with hemophilia,
- received blood transfusion or transplant and is diagnosed with HIV or AIDS,
- or is a person diagnosed with HIV or AIDS, risk not specified

Pediatric includes persons less than 13 years of age.

Risk not identified includes:

- persons whose risk was not identified at time of initial report,
- persons who died before risk could be determined,
- persons who were lost to follow-up,
- persons who declined interview, and
- persons who do not report one of the other exposures after interview

Sometimes two or more exposures are reported for one case. This table is consistent with the CDC hierarchy of exposures.

## How to Report HIV/AIDS/CD4+ Counts

### Physicians, hospitals and labs in Douglas County:

send reports to:

Epidemiologist  
Douglas County Health Department  
1819 Farnam Street, Room 401  
Omaha, Nebraska 68183  
**To be opened by addressee only**

For information call: 402-444-7214

### Physicians, hospitals and labs in Lancaster County:

send reports to:

Communicable Disease Coordinator  
Lincoln-Lancaster County Health Department  
3140 N Street  
Lincoln, Nebraska 68510-1514  
**To be opened by addressee only**

For information call: 402-441-8053

### Physicians, hospitals and labs in all other counties:

send reports to:

Nebraska Department of Health & Human Services  
Tina Brubaker, Surveillance Coordinator  
Department of Regulation & Licensure  
Communicable Disease  
P.O. Box 95007  
Lincoln, Nebraska 68509-5007  
**To be opened by addressee only**  
For information call: 402-471-0360

To obtain HIV reporting forms, for general surveillance information, for assistance in determining HIV/AIDS case criteria, or to initiate a report, call: Tina Brubaker at 402-471-0360

## AIDS Morbidity<sup>a,b</sup>

| DEMOGRAPHIC CATEGORIES   |                                  | YEAR REPORTED |      |      |      |      |      |      |      | TOTAL  |     |
|--------------------------|----------------------------------|---------------|------|------|------|------|------|------|------|--------|-----|
|                          |                                  | Pre-1998      | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | Number | %   |
| SEX                      | Male                             | 746           | 58   | 49   | 56   | 59   | 53   | 44   | 53   | 1118   | 85  |
|                          | Female                           | 102           | 11   | 12   | 21   | 9    | 18   | 12   | 16   | 201    | 15  |
| AGE                      | under 5 yrs.                     | 8             | *    | *    | *    | *    | *    | *    | *    | 10     | 1   |
|                          | 5 to 12 yrs.                     | *             | *    | *    | *    | *    | *    | *    | *    | 1      | 0   |
|                          | 13 to 19 yrs.                    | 7             | *    | *    | *    | *    | *    | *    | *    | 9      | 1   |
|                          | 20 to 29 yrs.                    | 201           | 9    | 7    | 12   | 17   | 8    | 7    | 12   | 273    | 21  |
|                          | 30 to 39 yrs.                    | 392           | 30   | 32   | 39   | 26   | 32   | 30   | 25   | 606    | 46  |
|                          | 40 to 49 yrs.                    | 180           | 19   | 13   | 21   | 15   | 22   | 13   | 22   | 305    | 22  |
|                          | 50 yrs. and older                | 59            | 11   | 8    | 5    | 9    | 9    | 6    | 8    | 115    | 9   |
| RACE                     | White                            | 639           | 42   | 40   | 40   | 29   | 34   | 24   | 26   | 874    | 66  |
|                          | Black                            | 145           | 13   | 10   | 18   | 23   | 28   | 13   | 26   | 276    | 21  |
|                          | Hispanic                         | 52            | 12   | 9    | 17   | 14   | 7    | 14   | 13   | 138    | 10  |
|                          | Asian                            | *             | *    | *    | *    | *    | *    | *    | *    | 11     | 1   |
|                          | Native American                  | 9             | *    | *    | *    | *    | *    | *    | *    | 19     | 1   |
|                          | Other/Unknown/Multi-Not Hispanic | *             | *    | *    | *    | *    | *    | *    | *    | 1      | 0   |
| RISK                     | Men who have sex with men (MSM)  | 496           | 30   | 28   | 33   | 25   | 30   | 20   | 23   | 685    | 52  |
|                          | Injecting drug use (IDU)         | 82            | 8    | 4    | 13   | 9    | 9    | 8    | 7    | 140    | 11  |
|                          | MSM/IDU                          | 79            | 11   | 5    | 5    | 6    | 5    | 4    | 4    | 119    | 9   |
|                          | Adult treatment for hemophilia   | 31            | *    | *    | *    | *    | *    | *    | *    | 32     | 2   |
|                          | Transfusion                      | 17            | *    | *    | *    | *    | *    | *    | *    | 26     | 2   |
|                          | Heterosexual Contact             | 68            | 9    | 14   | 12   | 8    | 8    | 9    | 6    | 134    | 10  |
|                          | Pediatric                        | 12            | *    | *    | *    | *    | *    | *    | *    | 17     | 1   |
|                          | Risk Not Identified              | 61            | 10   | 6    | 13   | 18   | 18   | 15   | 25   | 166    | 13  |
| TOTAL AIDS CASES BY YEAR |                                  | 848           | 69   | 61   | 77   | 68   | 71   | 56   | 69   | 1319   | 100 |

<sup>a</sup>Total number of reported HIV or AIDS cases are three or less. Number of cases less than 4 are not entered to protect the privacy of individuals with HIV disease.

<sup>b</sup>Cases reported during any given year may have been diagnosed in previous years, therefore these data are not suitable for trend analysis.

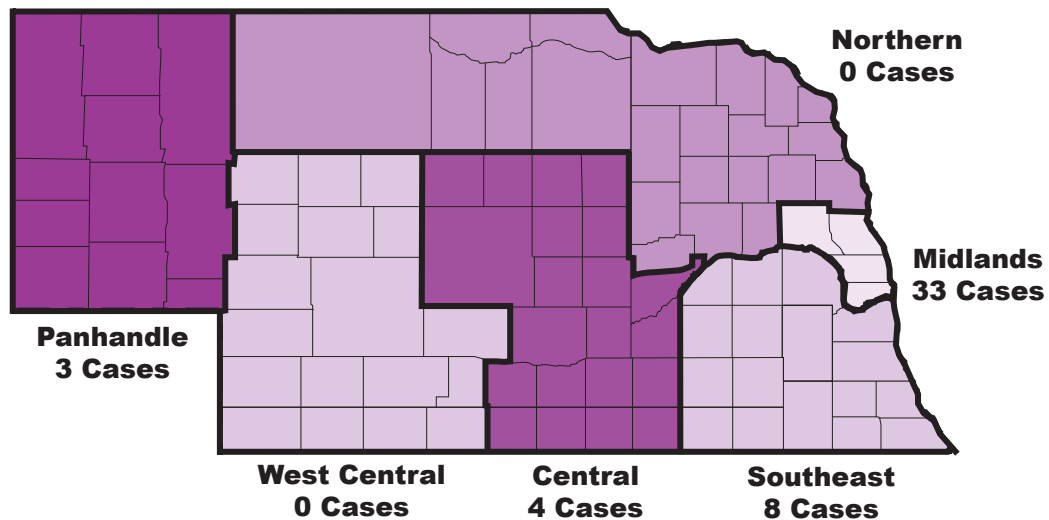
<sup>c</sup>The total for each demographic category equals the total for each column.

Data collection and publication are made possible through funding from The Centers for Disease Control and Prevention,  
U.S. Department of Health & Human Services, under Cooperative Agreement U62/CCU706242

## Patient Status

| STATUS<br>1998           | Pre-1998 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | TOTAL |
|--------------------------|----------|------|------|------|------|------|------|------|-------|
| Known to be Dead         | 620      | 20   | 11   | 17   | 8    | 11   | 5    | 4    | 696   |
| Alive/Status Unknown     | 228      | 49   | 50   | 60   | 60   | 60   | 51   | 65   | 623   |
| TOTAL AIDS CASES BY YEAR | 848      | 69   | 61   | 77   | 68   | 71   | 56   | 69   | 1319  |

## Number of HIV Cases Reported in Nebraska in 2004 by Health Planning Region



**Statewide Total = 48 cases**

The number of cases per region represents Nebraska residents newly diagnosed with HIV infection who were reported in 2004. There may be other previously diagnosed HIV cases living in a region.

HIV/AIDS Surveillance Program  
Nebraska Department of Health and Human Services  
- Regulation & Licensure

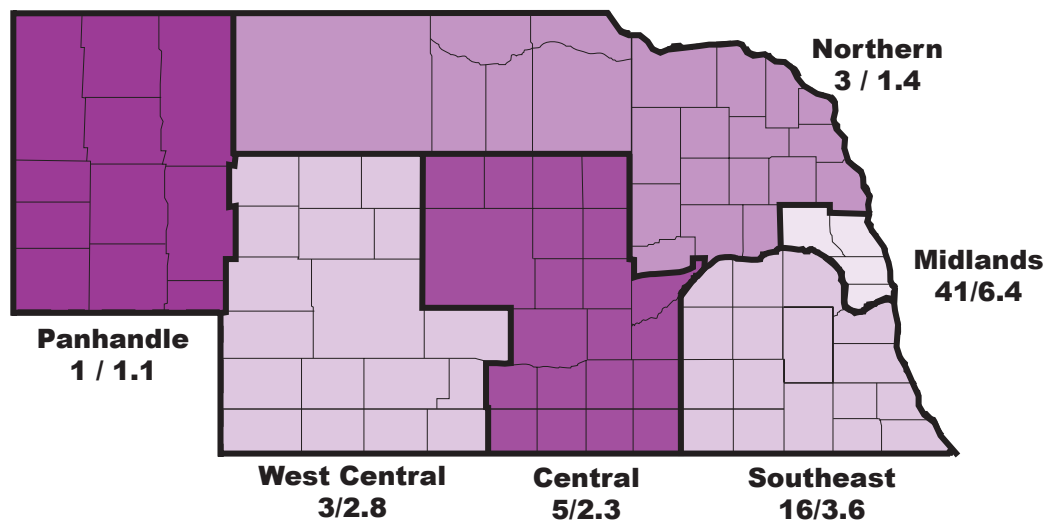
Rates are calculated by dividing the total number of HIV infections or reported AIDS cases which occurred in the population during a specified period of time (*i.e.*, the numerator) by the total population (*i.e.*, the denominator) and then multiplied by 100,000.

Rates *cannot* be calculated for HIV because the number of HIV cases reported is incomplete and represents only the number of persons found to be HIV-infected by confidential HIV-antibody testing. These numbers do not include HIV-infected persons who have tested anonymously or who have not sought testing.

Rates *can* be calculated for AIDS incidence because most persons with AIDS seek medical care and are then reported as cases by their health professionals. Therefore, because of the completeness of reporting, the number of reported AIDS cases is considered representative of all persons *with AIDS* in Nebraska.

In order to provide a *minimum* estimate of the number of persons in Nebraska known to be HIV infected as of a certain date, HIV reporting data and AIDS data (including mortality data), as of that date, can be added together.

## Number and Crude Rates of AIDS Cases Reported in Nebraska in 2004 by Health Planning Region



**N = 69 / Rate = 4.0**  
**# cases / Crude Rate per 100,000 population**

The number of cases per region represents Nebraska residents newly diagnosed with AIDS who were reported in 2004. There may be other previously diagnosed AIDS cases living in a region.

HIV/AIDS Surveillance Program  
Nebraska Department of Health and Human Services  
- Regulation & Licensure

## Confidential and Anonymous HIV Testing Options:

“A person seeking a human immunodeficiency virus test shall have the right to remain anonymous. A health care provider shall confidentially refer such person to a site which provides anonymous testing.” (Nebraska Revised Statute 71-531, Section 3 - note exceptions)

Both confidential (with name) and anonymous testing (without name) are allowed **at** state-funded **Counseling, Testing, Referral and Partner Counseling (CTR/PCRS) sites**. Physicians ordering HIV testing in all other settings may offer confidential testing only but can refer patients to CTRPN sites for anonymous testing at the patient's request.

Anonymous test results are not included in Nebraska's HIV/AIDS *Morbidity/Mortality Report*. CDC does not accept anonymous test results as cases.

### Locations of CTRPN Sites in Nebraska

|              |   |              |
|--------------|---|--------------|
| Ainsworth    | Central Nebraska Community Services                         | 308-387-1035 |
| Alliance     | Western Community Health Resources                          | 308-762-3696 |
| Chadron      | Western Community Health Resources                          | 308-432-2747 |
| Chadron      | Western Community Health Resources*                         | 308-432-8979 |
| Columbus     | Columbus Family Planning                                    | 308-564-1115 |
| Columbus     | East Central District County Health Department              | 402-562-9000 |
| Crawford     | Western Community Health Resources                          | 308-665-1770 |
| Fremont      | Fremont Family Planning*                                    | 402-727-5336 |
| Gering       | Panhandle Community Health Services*                        | 308-632-2540 |
| Gordon       | Western Community Health Resources                          | 308-282-6128 |
| Grand Island | Central Health Center *                                     | 308-384-7625 |
| Hastings     | Hastings Family Planning*                                   | 402-463-5687 |
| Kearney      | Central Health Center *                                     | 308-234-9140 |
| Kearney      | Nebraska AIDS Project                                       | 308-338-8308 |
| Lexington    | Central Health Center                                       | 308-324-6944 |
| Lincoln      | University Health Center                                    | 402-472-7447 |
| Lincoln      | Lincoln-Lancaster County Health Department*                 | 402-441-8065 |
| Macy         | Carl T. Curtis Health Center (Tribal Members)               | 402-837-5381 |
| McCook       | Peoples Family Health Services                              | 308-345-3626 |
| Norfolk      | Norfolk Family Planning*                                    | 402-370-4238 |
| Norfolk      | Nebraska AIDS Project                                       | 402-370-4238 |
| North Platte | Region II Drug and Alcohol (Great Plains Reg. Medical Ctr.) | 308-535-7290 |
| North Platte | People's Family Health Services*                            | 308-534-3075 |
| North Platte | West Central District Health Department                     | 308-696-1201 |
| Omaha        | Charles Drew Health Clinic*                                 | 402-453-1433 |
| Omaha        | Douglas County Health Department*                           | 402-444-7750 |
| Omaha        | Nebraska AIDS Project                                       | 402-552-9260 |
| Omaha        | UNO Student Health* (STD Services)                          | 402-554-2743 |
| O'Neill      | Central Nebraska Community Services                         | 402-336-4298 |
| Ogalalla     | People's Family Health*                                     | 308-284-6141 |

\*STD Services Available

### List of Most Current Sites are Available at:

[http://www.hhss.ne.gov/dpc/HIV\\_Testing\\_Sites.htm](http://www.hhss.ne.gov/dpc/HIV_Testing_Sites.htm)

Department of Regulation and Licensure  
 Communicable Disease  
 HIV/AIDS Surveillance  
 301 Centennial Mall South  
 P.O. Box 95007  
 Lincoln, NE 68509-5007

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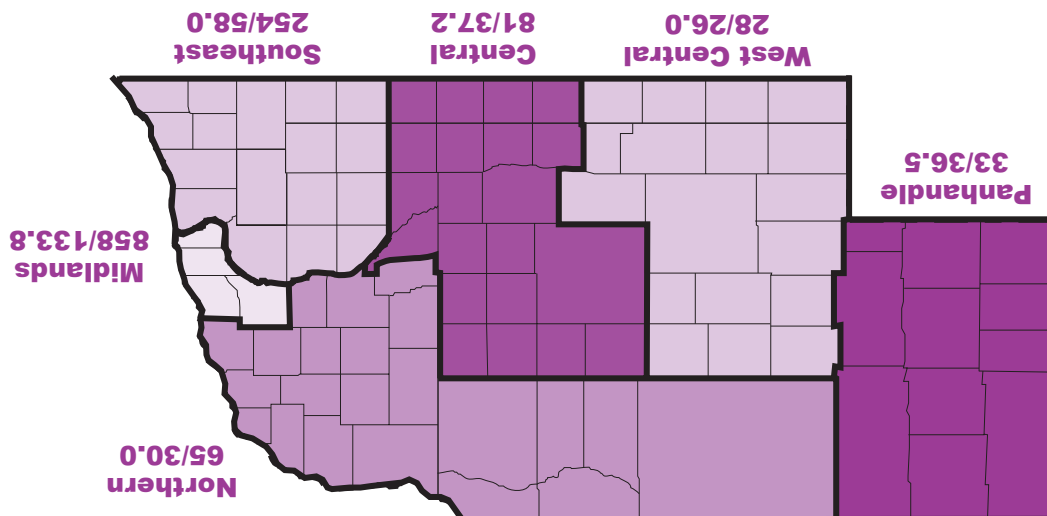
This Report is available on the web at [www.hhss.ne.gov/dpc/hiv.htm](http://www.hhss.ne.gov/dpc/hiv.htm)

For information about preventing HIV disease, contact the Nebraska Department of Health & Human Services  
 HIV/AIDS Prevention Program at 402-471-9098.

Nebraska Department of Health and Human Services - Regulation & Licensure  
 HIV/AIDS Surveillance Program

\*Based on 2000 Census of U.S. Population

**N = 1319 / Rate = 77.1**  
**# cases / Crude Rate per 100,000 Population**



**CUMULATIVE NUMBER OF CASES & RATES OF AIDS REPORTED IN NEBRASKA\* from 1983 to 2004**